

APPLICATION DATA SHEET

Application Information

Application Number::	Unassigned
Filing Date::	Unassigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title Line One::	METHOD AND SYSTEM FOR DISTRIBUTION
Title Line Two::	OF UNACTIVATED BANK ACCOUNT CARDS
Attorney Docket Number::	47004.00252
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	8
Total Drawing Sheets::	7
Small Entity?::	No
Petition Included?::	No
Petition Type::	
Licensed US Government Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity

Applicant One Given Name:: Michael
Middle Name::
Family Name:: CLEARY
Name Suffix::
City of Residence:: Hinsdale
State or Province of Residence:: IL
Country of Residence::
Street of Mailing Address Line One:: 5610 S. Park Avenue
Street of Mailing Address Line Two::
City of Mailing Address:: Hinsdale
State or Province of Mailing Address:: IL
Country of Mailing Address:: United States
Postal or Zip Code:: 60521

Applicant Two Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity

Applicant Two Given Name:: David
Middle Name::
Family Name:: CLIFTON
Name Suffix::

City of Residence:: Westerville
State or Province of Residence:: Ohio
Country of Residence::
Street of Mailing Address Line One:: 6387 Lake Trail Drive
Street of Mailing Address Line Two::
City of Mailing Address:: Westerville
State or Province of Mailing Address:: OH
Country of Mailing Address : United States
Postal or Zip Code:: 43082

Applicant Three Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity

Applicant Three Given Name:: Dean
Middle Name::
Family Name:: ILIJASIC
Name Suffix::
City of Residence:: Westerville
State or Province of Residence:: OH
Country of Residence::
Street of Mailing Address Line One:: 5901 Torrey Pines Avenue
Street of Mailing Address Line Two::
City of Mailing Address:: Westerville
State or Province of Mailing Address:: OH
Country of Mailing Address : United States
Postal or Zip Code:: 43082

Applicant Four Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity

Applicant Four Given Name:: David
Middle Name::
Family Name:: COHEN
Name Suffix::
City of Residence:: New Albany
State or Province of Residence:: OH
Country of Residence::
Street of Mailing Address Line One:: 4323 Olmsted
Street of Mailing Address Line Two::
City of Mailing Address:: New Albany
State or Province of Mailing Address:: OH
Country of Mailing Address : United States
Postal or Zip Code:: 43054

Applicant Five Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity

Applicant Five Given Name:: Kristine
Middle Name::
Family Name:: RODGERS
Name Suffix::
City of Residence:: Greenville

State or Province of Residence:: DE
Country of Residence::
Street of Mailing Address Line One:: 703 Westover Road
Street of Mailing Address Line Two::
City of Mailing Address:: Greenville
State or Province of Mailing Address:: DE
Country of Mailing Address : United States
Postal or Zip Code:: 19807

Correspondence Information

Correspondence Customer No.: 21967
Name:: Hunton & Williams
Street of Mailing Address Line One:: 1900 K Street, NW
Street of Mailing Address Line Two::
City of Mailing Address: Washington
State or Province of Mailing Address:: District of Columbia
Country of Mailing Address:: United States
Postal or Zip Code:: 20006
Telephone Number:: 202-955-1500
Facsimile Number:: 202-778-2201
E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::